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| | |
|------------------------|--------------|
| Application Number | 10/791636 |
| Filing Date | 03/02/2004 |
| First Named Inventor | Chris Miller |
| Art Unit | 2611 |
| Examiner Name | |
| Attorney Docket Number | 5303-0001 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 35301

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

35301

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| <input type="checkbox"/> Firm or Individual Name | McCormick Paulding & Huber LLP | | | | |
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---------------------------|-----------|--------------|
| Signature | | | |
| Name | Chris Miller | | |
| Date | JUNE 9 th 2006 | Telephone | 860.210.0546 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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